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| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><small>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</small> | Attorney Docket No. <b>CFLD-001</b>                          |
|  | First Inventor or Application Identifier <b>Fields</b>       |
|  | Title <b>METHOD &amp; APPARATUS PROVIDING AN AVERAGE FOR</b> |
|  | Express Mail Label No. <b>ER 084279658 US</b>                |

U 0470  
06/27/03

|   |  |  |
|---|--|--|
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>  |  | Assistant Commissioner for Patents<br>ADDRESS TO: Box Patent Application Washington DC 20231 |
| <p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)<br/>(Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <b>26</b>] <br/>(preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>6</b>]</p> <p>4. Oath or Declaration [Total Pages <b>  </b>]           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))<br/>(for continuation/divisional with Box 16 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p> |  |  |
| <p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p>  |  |  |
| <b>ACCOMPANYING APPLICATION PARTS</b>   |  |  |
| <p>7. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) <input type="checkbox"/> Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/>(Should be specifically itemized)           <ul style="list-style-type: none"> <li>* Small Entity <input type="checkbox"/> Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB-09-12) <input type="checkbox"/> Status still proper and desired</li> <li>13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</li> <li>14. <input type="checkbox"/> Other: .....<br/>.....<br/>.....</li> </ul> </p>  |  |  |

**\*NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. **10 / 155,512**

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

|   |   |           |   |
|---|---|-----------|---|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | (Insert Customer No. or Attach bar code label here) |           | <input type="checkbox"/> Correspondence address below |
| Name  | Earle Jennings                                      |           |   |
| Address   | 8 Kenyon Ave  |           |   |
| City  | Kensington  | State     | CA  |
| Country   | USA   | Telephone | 510-559-9074  |
| Fax   | 510-559-2970  |           |   |

|                   |                       |                                   |                       |
|-------------------|-----------------------|-----------------------------------|-----------------------|
| Name (Print/Type) | Earle Jennings        | Registration No. (Attorney/Agent) | 44,804                |
| Signature         | <i>Earle Jennings</i> |                                   | Date <b>6/27/2003</b> |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

17581 U.S. PTO  
06/27/03

PTO/SB/17 (6/99)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT (\$)**

## Complete if Known

|                      |              |
|----------------------|--------------|
| Application Number   |              |
| Filing Date          |              |
| First Named Inventor | Carol Fields |
| Examiner Name        |              |
| Group / Art Unit     |              |
| Attorney Docket No.  | CFLD-001     |

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

### 1. BASIC FILING FEE

#### Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description               | Fee Paid |
|---------------|---------------|-------------------------------|----------|
| 101           | 760           | 201 380 Utility filing fee    | \$375    |
| 106           | 310           | 206 155 Design filing fee     |          |
| 107           | 480           | 207 240 Plant filing fee      |          |
| 108           | 760           | 208 380 Reissue filing fee    |          |
| 114           | 150           | 214 75 Provisional filing fee |          |

**SUBTOTAL (1) (\$)** \$375

### 2. EXTRA CLAIM FEES

|                    | Extra Claims   | Fee from below | Fee Paid |
|--------------------|----------------|----------------|----------|
| Total Claims       | 39 - 20** = 19 | x 9            | = 171    |
| Independent Claims | 2 - 3** = 0    | x 42           | = 0      |
| Multiple Dependent |                |                |          |

\*or number previously paid, if greater; For Reissues, see below

#### Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description  |
|---------------|---------------|--|
| 103           | 18            | 203 9 Claims in excess of 20                                     |
| 102           | 78            | 202 39 Independent claims in excess of 3                         |
| 104           | 260           | 204 130 Multiple dependent claim, if not paid                    |
| 109           | 78            | 209 39 ** Reissue independent claims over original patent        |
| 110           | 18            | 210 9 ** Reissue claims in excess of 20 and over original patent |

**SUBTOTAL (2) (\$)** \$546

**SUBTOTAL (3) (\$)**

\* Reduced by Basic Filing Fee Paid

Complete (if applicable)

|                   |   |                                      |        |               |              |
|-------------------|---|--------------------------------------|--------|---------------|--------------|
| Name (Print/Type) | Earle Jennings  | Registration No.<br>(Attorney/Agent) | 44,804 | Telephone     | 510-559-9074 |
| Signature         |  |                                      | Date   | June 27, 2003 |              |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.